STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES RECEIVED

	(See Reverse Side For Instructions)			
	This is a (check one)	∠ Pierty Committee	Political Action Committee	DEC 21 2022
	This is an (check one)	Initial Statement	Amended Statement KS Co.	vernmental Ethics Comn
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COMMITTEE		(PLEASE TYPE OR I	PRINT)	
Name Wolfi	5 Count	~ Democ	rats	
	s (Street, City, State,	Zip Code)	Business Telephone	
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CHAIRPERSON	N	*		
Name		3	Home Telephone	
<u> Dhelle</u>	The state of the s	M	(620)327-	1358
Mailing Address	s (Street, City, State,	Zip Code)	Business Telephone	
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TREASURER				
Name Dav	ire/L	FCX	4 2 2 1 2 2 1	3466
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Mailing Address	s (Street, City, State,	Zip Code)	5 66601	
If not connected or	r affiliated with an cry	anization, identify the trad	e profession, or primary interest	of the contributors.
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SIGNATURE:				
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		understand that the inter nt is a class A misdemea	ndenal failure to file this docum	ment
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14/12/2 (Pata)	<u>. L.</u>	- <u> </u>	re of Chairperson)	
(Date)		(Signatur	e of Champerson)	
Governmental Ea	hies Commission			Rev.2000